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Bib Data Sheet

SERIAL NUMBER 09/626,517	FILING DATE 07/27/2000 RULE -	CLASS 217	GROUP ART UNIT 3727	ATTORNEY DOCKET NO. RPC 0506
APPLICANTS Gerald R. Koefeld, Seal Beach, CA ; William P. Apps, Alpharetta, GA ;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/16/2000.				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance		STATE OR COUNTRY CA	SHEETS DRAWING 21	TOTAL CLAIMS 26
Verified and Acknowledged Examiner's Signature _____ Initials _____				INDEPENDENT CLAIMS 3
ADDRESS Konstantine J Diamond Brooks & Kushman PC 4010 E. 26th Street 1000 Town Center Los Angeles, CA 90023 22nd Floor Southfield, MI 48075-1354				
TITLE Bottle crate				
FILING FEE RECEIVED 798	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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Bib Data Sheet

SERIAL NUMBER 09/626,517	FILING DATE 07/27/2000	CLASS 220	GROUP ART UNIT 3727	ATTORNEY DOCKET NO. RPC 0506
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APPLICANTS

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 William P. Apps, Alpharetta, GA;

** CONTINUING DATA **

** FOREIGN APPLICATIONS **

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 09/16/2000

Foreign Priority claimed	35 USC 119 (a-d) conditions	Allowed	Examiner's Signature	Initials	COUNTRY	STATE OR	SHEETS	TOTAL	INDEPENDENT
<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> no	<input type="checkbox"/> no	CA		21	26	3
<input type="checkbox"/> no	<input type="checkbox"/> no	<input type="checkbox"/> no	<input type="checkbox"/> no	<input type="checkbox"/> no					

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TITLE
 Bottle crate

FILING FEE RECEIVED 1002	FEE: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT for following:	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)
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